

CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450**

on

8-22-05

Jeffrey R. Kuester

In Re Application of:

Rodriguez, et al.

Serial No.: 09/693,780

Filed: October 20, 2000

Confirmation No.: 8562

Group Art Unit: 2614

Examiner: Beliveau, Scott E.

Docket No.: A-6694 (191910-1680)

For: **Synchronized Video-On-Demand Supplements**

The following is a list of documents enclosed:

Return Postcard

Petition for Extension of Time (1 Month)

Fee Transmittal

Credit Card Authorization of \$120.00 for the One Month Extension

Amendment Transmittal

Response to Final Office Action

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.



AF/2614 ZW

AMENDMENT TRANSMITTAL LETTER (LARGE)

Applicant(s) Rodriguez, et al.

Docket No.

A-6694 (191910-1680)

Serial No.
09/693,780

Filing Date
October 20, 2000

Examiner
Beliveau, Scott E.

Confirmation No.
8562

Group Art Unit
2614

Invention: **Synchronized Video-On-Demand Supplements**

Commissioner for Patents
Mail Stop AF
P.O. Box 1450
Alexandria VA 22313-1450

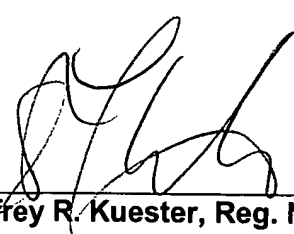
Transmitted herewith is Response to Final Office Action in the above-identified application.

The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	17 -	55 =	0	X \$50.00	\$0
INDEP. CLAIMS	1 -	6 =	0	X \$200.00	\$0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$360.00	\$0
EXTENSION FEE	1 ST MONTH <input checked="" type="checkbox"/> \$120.00	2 ND MONTH <input type="checkbox"/> \$450.00	3 RD MONTH <input type="checkbox"/> \$1,020.00	4 TH MONTH <input type="checkbox"/> \$1,590.00	\$120.00
Other Fees:					\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$120.00

- ☐ No additional fee is required.
- ☐ Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this page is enclosed.
- ☐ A check in the amount of _____ to cover the filing fee is enclosed.
- ☒ A Credit Card Payment Form PTO-2038 is attached in the amount of \$120.00.
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.


Jeffrey R. Kuester, Reg. No. 34,367

8-22-05
Date